

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR920010425US1
(590.072)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DEC 23 2004

In re Application of : Chaudhari et al.
Serial No. : 09/931,316 Examiner: M. Lerner
Filed : August 16, 2001 Group Art Unit : 2654
For : METHODS AND APPARATUS FOR THE SYSTEMATIC
ADAPTATION OF CLASSIFICATION SYSTEMS FROM SPARSE
ADAPTATION DATA

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

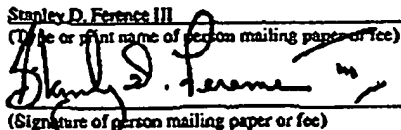
Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on December 23, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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5. ☐ Also enclosed: _____
6. ☐ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

| | Claims Remaining After Amendment (Col. 1) | Highest No. Prev. paid for (Col. 2) | Present Extra (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|---|---|--|------------------------------|--------------|------|---|------------------------------|------|
| | | | | RATE | FEE | | RATE | FEE |
| Total Claims | 21 | ** 21 | = 0 | x \$25 | = | O | x \$30 | = 0 |
| Ind. Claims | 3 | *** 3 | = 0 | x \$100 | = | O | x \$200 | = 0 |
| <input type="checkbox"/> Multiple Dependent Claim Presented | | | | + \$180 | = | O | + \$360 | = |
| | | | | TOTAL | = \$ | O | TOTAL | = \$ |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 5, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

 By Stanley D. Ference III
 Stanley D. Ference III
 Reg. No. 95,879
Dated: 23-December-2004

Mailing Address:

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